Congressional Hearing Testimony – October 14, 2005 Stopping the Methamphetamine Epidemic: Lessons From the Pacific Northwest Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources

To Chairman Souder, Congressman Walden, and Fellow Members of the Committee,

I speak with you today as a community volunteer and as the sister of a recovering meth addict. I have witnessed first hand the devastation and irreparable damage that meth brings to someone you love; in addition I have seen the destruction that it causes within a community. I appreciate this opportunity to testify before you regarding such a critical topic.

As you well know, methamphetamine is rapidly becoming one of the most destructive and persistent illegal drug problems in the United States. Oregon has been particularly burdened by widespread meth abuse. According to the SAMHSA Drug and Alcohol Services Information System, Oregon has consistently had the highest treatment admission rate for methamphetamine abuse in the country, more than three times the national average.

Central Oregon, a region that encompasses Crook, Deschutes, and Jefferson Counties, is a principal factor in the state's growing methamphetamine problem. All three counties are designated High Intensity Drug Trafficking Areas (HIDTA), primarily due to their proximity to US Highway 97. US Highway 97 connects with Interstate 5 in California and continues north to Canada. Taking into account the decrease in State funding for law enforcement, as well as the rural nature along this stretch of road, US Highway 97 provides the perfect passage for transporting crystal meth from Mexico. Utilizing the HIDTA funding, the Central Oregon region has created the Central Oregon Drug Enforcement Team ("CODE Team"), creating a collaborative law enforcement partnership that works seamlessly across all county lines.

Since 2001, each county in Central Oregon has also worked to create a community-based Meth Task Force. By engaging the full community, each grassroots task force has been able to place ownership on the part of the citizen, rather than looking for either treatment or law enforcement to "fix" the problem. These task force groups have adopted a "3- legged stool" approach in combating the meth epidemic.

- 1. Partnering with law enforcement to go after the supply of meth
- 2. Working with treatment providers to help those already using meth
- 3. Engaging the community (business, government, faith-based) on prevention efforts,

This balanced approach creates the opportunity for the community to work together in maximizing resources, leveraging funds, and strategic planning. This tactic breaks down barriers and builds a bridge to support the region's health and livability. Through these partnerships we have been able to:

- Create the Central Oregon Drug Enforcement Team
- Create a Drug Endangered Children protocol for first responders
- Create a regional system for maximizing resources

- Engage the community as a whole, by
 - o Conduct yearly Meth Summits to educate the community
 - Provide meth presentations to School Boards, Rotary and other civic clubs, hospitals, front line workers and parents
 - o Develop prevention and education materials for distribution within the region
 - o Develop support groups for friends and family members of meth addicts
 - o Collaborate on grants to maximize regional resources and leverage funds
 - o Support each other and offer assistance without barriers

How can the federal Government help? By partnering with us. We ask that you (re)consider the following:

- **Do not cut HIDTA funding**. These dollars are critical to eradicating this epidemic.
- Provide funding for treatment. According to the Addiction Counselor Certification
 Board of Oregon only one in seven Oregonians who need treatment can access treatment.
 Due to funding cuts and access to services, this number is significantly higher in the
 Central Oregon region.
- Continue the focus on funding drug courts. By offering intensive case management and swift accountability, studies show that this is an effective component to a communities system.
- <u>Fund collaborative community efforts</u>. Provide funding incentives for communities that are applying the "3-legged stool" approach and actively maximizing resources.
- <u>Support legislation</u> (HB 3889, Combat Meth Act 2005, etc.) that provides support to the continuum of services critical to a healthy community.
- Continue to monitor and regulate those Countries that manufacture pseudoephedrine and ephedrine. Continue to work with Mexico in tightening control of the importation of these chemicals.

Thank you for this opportunity to testify before you. Your partnership with the communities within this great country will continue to strengthen our ability to eradicate the meth epidemic.

In Partnership-

Tammy Baney Chair, Deschutes County Commission on Children & Families Co-Chair, Deschutes County Meth Action Coalition